

The Vac Scene[®]

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A bi-monthly newsletter for immunization providers, from Public Health - Seattle & King County (PHSKC). For back issues, visit our website: <http://www.metrokc.gov/health>

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IMMUNIZATION PROGRAM

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- News from Public Health's *Vaccines for Children* Program
- Influenza Vaccine for 2002-03
- Recognizing "Vaccine Champions"
- Combination Vaccines Used in Countries Outside of the U.S.

- Blood Donation Following Vaccination
- Continuing Education Opportunities for Immunization Providers
- New CDC "Pink Book" Now Available

NEWS FROM PUBLIC HEALTH'S VACCINES FOR CHILDREN (VFC) PROGRAM

VACCINE SHORTAGE UPDATE

✓ Shortages continue to affect supply of several routine childhood vaccines. Anytime a dose is deferred, keep careful records so that deferred children can be recalled and caught up on missed doses. To view the current status of VFC vaccine supplies in King County, visit:

www.metrokc.gov/health/immunization/vfc.htm

✓ The most serious shortage affecting King County is the supply of **pneumococcal conjugate 7-valent (Prevnar)**. It is most important to prioritize the infant doses at 2, 4 and 6 months of age; reserve some vaccine to provide the 4th dose of Prevnar to high-risk children. For healthy children, defer the 4th dose. According to the CDC, providers should expect increased delays throughout the summer months.

✓ **Tetanus** shortage conditions are improving. **Providers can begin recalling children for missed booster doses. Please do not order more Td than can reasonably be administered to recalled patients in a one month period; stockpiling will lead to a renewed shortage problem.** Note that Td supplied by the VFC Program is for children 7-18 years of age ONLY. Adults needing Td vaccine for wound prophylaxis and travel risks must be immunized from purchased supplies.

✓ We have been fortunate enough to have a better **DTaP** supply than in recent months. However, the shortage is expected to persist through the end of the year. Please continue to prioritize the infant doses at 2, 4, and 6 months of age. Defer the 4th dose of DTaP for children who have not been exposed to pertussis. Defer the 5th dose, if necessary, to assure that all infants in your practice get the initial 3 doses.

✓ **Varicella vaccine** shipments are currently running six weeks behind as the manufacturer works to fill a large backlog of orders. We should see a return to normal supply conditions by July 2002. For now, delay the first dose until children are 18-24 months of age.

VFC PROVIDER MAILING

In the first week of June, each contact person at participating VFC clinic sites should have received a Provider Notebook update mailing. This mailing includes a free video on vaccine administration techniques, as well as updated forms and information. Call VFC at (206) 296-4774 if you have not yet received your mailing.

BENCHMARKING

Your benchmarking data collection forms should have been completed and returned to the Washington State Department

of Health Immunization Program by Friday, June 14th. A heartfelt thanks to everyone who helped with this important activity! We will report the benchmarking results in a future issue of the *Vac Scene*.

INFLUENZA VACCINE FOR 2002- 03

The American Academy of Pediatrics (AAP), in conjunction with the Advisory Committee on Immunization Practices of the U.S. Centers for Disease Control and Prevention is **encouraging the use of flu vaccine in healthy children aged 6 to 23 months for the 2002-03 flu season**. This is a change from the current recommendations that indicate only those children at high risk should receive the vaccine while healthy children should be offered the vaccine if they wish to avoid influenza. The change in wording is prompted by data that show children in the 6- to 23-month age group are at a substantially increased risk for influenza-related hospitalizations. A full recommendation to annually vaccinate healthy children aged 6 to 23 months is expected in the next one to three years. (Source: American Academy of Pediatrics)

The ACIP voted to prioritize vaccination efforts in October and earlier to target persons at high risk of complications from influenza, health care workers, and children under 9 years of age who are receiving vaccine for the first time, because they need a booster dose one month after the initial dose. All other groups, including household contacts of high-risk persons, healthy persons 50-64, and others who wish to decrease their risk of influenza infection should begin vaccination in November.

The influenza recommendations for 2002 also encourage the use of influenza vaccine after November. Many people who should receive or want to receive influenza vaccine remain unvaccinated after November. Substantial amounts of vaccine have remained unused during the past two influenza seasons and continued vaccination efforts after November are needed to maximize coverage of persons who would benefit from influenza vaccination. Influenza activity has not peaked in the majority of recent seasons until late December through early March. Adults develop peak antibody protection against influenza infection 2 weeks after vaccination.

Projected distribution of influenza vaccine for 2002-03, based on aggregate manufacturers' estimates, is between 90 and 95 million doses. Approximately 87 million doses were produced in the 2001-02 influenza season. These are early projections and could change as the season progresses.

The 2002-03 trivalent vaccine virus strains will include: A/Moscow/10/99 (H3N2)-like, A/New Caledonia/20/99 (H1N1)-like, and B/Hong Kong/330/2001-like strains.

To view the ACIP Recommendation Statement on Influenza Vaccine for 2002-03, visit CDC’s National Immunization Program website at: <http://www.cdc.gov/nip/Flu/default.htm> This site also provides updated information on influenza vaccine supply projections for the coming year.

RECOGNIZING “VACCINE CHAMPIONS”

Public Health’s Vaccines For Children (VFC) Program is committed to ensuring that all children receive the recommended childhood immunizations for the best protection against vaccine-preventable diseases. In 2002, almost 700,000 doses of vaccine will be administered in King County to protect children from 13 serious diseases. This could not be accomplished without the dedication and ongoing immunization efforts of King County health care providers.

Public Health’s VFC program would like to recognize clinics and practices who are *Vaccine Champions*! Does your practice have someone who keeps everyone up-to-date on the latest vaccine issues? Someone who has implemented some innovative strategies for assuring quality immunization practices or ways to achieve higher immunization coverage rates? If so, we want to hear from you! Nominate your clinic or a specific *Vaccine Champion* among your staff for recognition in an upcoming *VacScene* newsletter! Send a brief description of how your clinic or staff has demonstrated a commitment to childhood immunizations to Darren Robertson, VFC Coordinator. Fax 206-296-4803 or email to darren.robertson@metrokc.gov

Vaccine Champions will be an ongoing featured topic in the *Vac Scene*, so keep those nominations coming!

COMBINATION VACCINES USED IN COUNTRIES OUTSIDE OF THE U. S.

More combination vaccines are becoming available in the United States, as well as from other countries. It is important to record all the components of the combination in a child’s immunization history, but it can be confusing to know what’s in some of these combinations, especially when they have similar names.

Both Canada and Mexico have quadravalent (four antigens) and pentavalent (five antigens) combinations, but they contain different antigens. The Canadian quadravalent vaccine, known as “**Quadracel**” (produced by Aventis-Canada), contains DTaP and IPV. When Hib is added to “Quadracel”, it is known as the combination vaccine “**Pentacel**” (also from Aventis-Canada). Mexico’s quadravalent vaccine, known as “**Quadruple**” or “**Quadravalente**” contains DTP (whole cell) and Hib. Hepatitis B is added to the quadravalent DTP and Hib to make the Mexican pentavalent vaccine, known as “**Quintuple**” or “**Pentavalente**”.

In the United States, trials of new combination vaccines are in progress and some of these may be licensed in the future.

BLOOD DONATION FOLLOWING VACCINATION

Puget Sound Blood Center has provided the following information about time required between receiving vaccines and being eligible to donate blood:

No wait is necessary following DTaP/DT/Td, Hepatitis A, Hepatitis B, Hib (*haemophilus influenzae* type b), Immune globulin (pre-exposure for travel), Meningococcal, IPV, Rabies (pre-exposure) or injectable typhoid.

Donors must **wait 2 weeks** after receiving live virus vaccines (chickenpox, single-antigen measles or mumps, oral polio, oral typhoid, or yellow fever).

There is a **one-month interval** following vaccination with single-antigen rubella, MMR (because of the rubella), vaccinia (smallpox) and human papillomavirus.

A **one year interval** is required to donate blood after receiving either immune globulin or rabies vaccine post-exposure, or hepatitis B immune globulin (HBIG).

For more information about blood donation, visit www.psb.org . You may also email your question to clinicalprogram@psbc.org, or call 800-366-2831, x 2301.

CONTINUING EDUCATION OPPORTUNITIES FOR IMMUNIZATION PROVIDERS

✓ **CDC’s Immunization Update 2002: August 15th**

Mark your calendars! This interactive satellite broadcast focuses on current and late-breaking immunization issues. The course will be held in Seattle at the Region X U.S. Public Health Service in the Blanchard Plaza Building from 9:00am to 11:30am. Registration forms will be mailed to *Vac Scene* recipients in July. Details will also be available on the Public Health Website at www.metrokc.gov/health . **CME and CEU credits will be available for a variety of health professionals.**

✓ **Curriculum for Nurses and Nurse Educators**

The Association of Teachers of Preventive Medicine (ATPM) has created two highly useful educational products through the Project to Enhance Immunization Content in Nursing Education and Training.

"Teaching Immunization Practices (TIP) for Nurses" is a newly updated curriculum for nurse educators consisting of three modules: Basic Principles of Immunization; Basic Principles of Vaccine Use; and Immunization Practice, Delivery, and Program Design. Student objectives are listed for each module, along with clearly defined lessons with figures and handouts to use. Challenging case studies make the information especially relevant and interesting. This thorough curriculum is designed to cover enough material for 13.5 hours of teaching time, but individual modules or parts of modules can also be used for single-topic lectures.

"TIP for Nurses" can be downloaded from the Internet or purchased as a CD-ROM for \$25 by calling (800) 235-0882. To download "TIP for Nurses" onto your computer free of charge, go to: <http://healthsoftonline.com/portal/tip.asp>

✓ **“Immunization: You Call the Shots!”**

This is a self-paced, interactive computer program for approximately 6 hours of independent learning. Staff reviewers spent at least that much time exploring the two-part program and taking its instant-feedback competency tests.

In Part 1, students learn (or re-learn) the basics of vaccine-preventable diseases and vaccines, from the classification of vaccine types to details about the major vaccines and their use. In Part 2, students get to "walk through" a virtual clinic, stopping in eight different rooms to learn about the entire immunization process.

The program costs \$295 (includes site and network license). A reduced cost of \$100 is available for federally funded public health clinics. Annual updates cost \$25. CNE and CEU credits available. For more information, or to request a free 30-day preview, call HealthSoft at 800-235-0882.

NEW CDC *PINK BOOK* NOW AVAILABLE!

The 7th edition of “Epidemiology and Prevention of Vaccine-Preventable Diseases,” known as the “Pink Book,” is now available in print for purchase and also online for free downloading.

This book is an excellent immunization resource for clinics and other health care settings. Highlights of the 7th edition include a revised chapter on general vaccine recommendations, new chapters on smallpox and anthrax vaccines, and an appendix devoted to vaccine administration.

Cost of the *Pink Book* is \$25 plus shipping and handling. To order a copy, choose one of the following methods: Call 877-252-1200 between 9-5pm ET; send a fax order with credit card or purchase order information to 301-843-0159; or visit the Public Health Foundation at [**http://bookstore.phf.org/prod171.htm**](http://bookstore.phf.org/prod171.htm)

To print a camera-ready (PDF format) copy of the entire book, or to access selected chapters, go to:

[**http://www.cdc.gov/nip/publications/pink**](http://www.cdc.gov/nip/publications/pink)